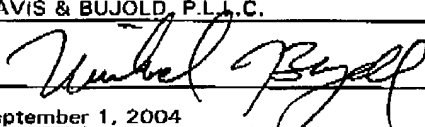
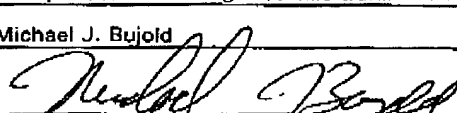
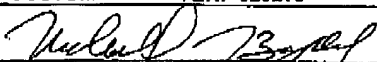


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/758,715
	Filing Date	January 11, 2001
	First Named Inventor	Kenneth Lloyd WESTRA
	Group Art Unit	2872
	Examiner Name	Amel C. Lavaras Fax: (703) 872-9318
Total No. of Pages in this Submission:	Attorney Docket Number	THOLAM P139US
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Conditional Petition 1pg
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	
Signature		
Date	September 1, 2004	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on September 1, 2004		
Type or printed name	Michael J. Bujold	
Signature		
	Date: September 1, 2004	

<b>FEE TRANSMITTAL</b>					<i>Complete if Known</i>																																																																																																																																																																															
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Attorney Docket No. THOLAM P139US																																																																																																																																																																															
<b>TOTAL AMOUNT OF PAYMENT: \$ 475.00</b>																																																																																																																																																																																				
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																															
<b>The Director is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account.					<b>3. ADDITIONAL FEES</b>																																																																																																																																																																															
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Typed or Printed Name: Michael J. Bujold		Registration No.: 32,018		Telephone (603) 624-9220																																																																																																																																																																																
Signature: 		Deposit Acct. No.: 04-0213		Fax: (603) 624-9229																																																																																																																																																																																
<b>CUSTOMER NUMBER: 020210</b>		<b>DATE: September 1, 2004</b>		<b>SUBTOTAL (3) \$475</b>																																																																																																																																																																																

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DAVIS & BUJOLD, PLLC  
SEP 01 2004

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Kenneth Lloyd WESTRA and Brian MOORE  
Serial no. : 09/758,715  
Filed : January 11, 2001  
For : A METHOD OF MAKING A HIGH  
REFLECTIVITY MICRO MIRROR AND A MICRO  
MIRROR  
Group Art Unit : 2872  
Examiner : Arnel C. Lavarias  
Docket : THOLAM P139US

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

**CONDITIONAL PETITION FOR THREE  
MONTH EXTENSION OF TERM**

Dear Sir:

In response to the official action mailed March 1, 2004, the Applicant hereby conditionally petitions for a three (3) month extension, in order to file a divisional application, thereby extending the term for response to and including **September 1, 2004**. Please charge our deposit account in the amount of \$475, based on the Applicant's small entity status, is enclosed to cover the extension fee.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

  
Michael J. Bujold, Reg. No. 32,018

Customer No. 020218

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